

**Request for Information:
Potential Health Information Exchange Governance Entity**

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Request for Information: Potential Health Information Exchange Governance Entity

I. Purpose of this Request for Information

This Request for Information (RFI) is issued by the California Health and Human Services Agency (CHHS) to determine whether one or more organizations might qualify to be the State's Health Information Exchange (HIE) Governance Entity. CHHS will evaluate responses to the RFI and may, at its sole discretion, at the conclusion of the evaluation process select **one** of the respondents to be the State's HIE Governance Entity. The State reserves the right to initiate confidential discussions with one, some or all applicants regarding any response submitted to ask questions and clarify respondent intent and meaning. These discussions may include suggestions from the State to revise one or more aspect of the response.

The State may determine that no respondent will be selected as the HIE Governance Entity.

If the State selects an HIE Governance Entity, it is possible that the HIE Governance Entity will become the State-Designated Entity, as defined in Section 3013 of the Health Information Technology for Economic and Clinical Health Act' (HITECH), and therefore eligible to apply for specific federal funds on the State's behalf. The State may elect not to use a State-Designated Entity and instead apply directly for funds.

The purpose of California's advancement of health information technology and exchange is to dramatically improve safe and secure patient and provider access to personal health information and decision-making processes, benefiting the health and wellbeing, safety, efficiency, and quality of care for all Californians.

This purpose is supported by the following goals:

1. To ensure patients have safe, secure access to their personal health information and the ability to share that information with others involved in their care
2. To engage in an open, inclusive, collaborative, public-private process that supports widespread EHR adoption and a robust, sustainable statewide health information exchange
3. To improve health care outcomes and reduce costs
4. To maximize California stakeholders' access to critical ARRA stimulus funds
5. To integrate and synchronize the planning and implementation of HIE, HIT, telehealth and provider incentive program components of the federal stimulus act

6. To ensure accountability in the expenditure of public funds
7. To improve public and population health through stronger public health program integration, bio-surveillance and emergency response capabilities

Please refer to www.hie.ca.gov for additional details of the State's initiatives in this area.

The Federal Office of the National Coordinator released the funding opportunity announcement for the ***State Health Information Exchange Cooperative Agreement Program*** on August 20, 2009. Selection of a HIE Governance Entity is, therefore, on an accelerated timeline and this process reflects that sense of urgency.

II.A Framework for HIE

The following framework describes the State's priorities for health information exchange. This framework has four components or "corners"; information exchange priorities that support meaningful use, trust, a technical model, and sustainability. Applicants to this RFI should use this framework to develop and submit proposals

1. **HIE priorities - achieving meaningful use:** Eligible hospitals, clinics and providers will be required to exchange health information to achieve meaningful electronic health record use and thereby obtain Medi-Cal and Medicare incentives payments. To support these requirements, California's health information exchange capabilities must be expanded rapidly and align with meaningful use. These health information exchange meaningful use priorities include:
 - Electronic prescribing and refill requests, including prescription fill status / medication fill history
 - Clinical laboratory ordering and results delivery
 - Clinical summary exchange for care coordination and patient engagement
 - Electronic public health reporting (e.g., immunizations, laboratory results, etc.)
2. **Trust:** HIE infrastructure must be developed and sustained in an environment that fosters trust. This requires an open, inclusive and transparent process that is respectful of divergent views, but that drives a process towards consensus. Any initiative that does not make this a top priority will not succeed.
3. **A Supportable Technical Architecture:** California has assets that should be leveraged to support HIE. These assets include: hospital, clinic and practice based electronic health record systems, functioning and nascent information exchanges, broadband networks, public health registries, lab and reporting systems, and pharmacy and lab networks. These assets can and should support a vendor-agnostic, service-oriented HIE model.

4. **Sustainability:** California may receive up to \$40 million in Federal funding for HIE. While this is a significant investment it represents only a fraction of what is ultimately needed to develop and sustain ubiquitous HIE services. Any HIE model must determine how funding will be obtained to further build out the infrastructure, and to sustain exchange that is built once the \$40 million is invested. The sustainability model must encompass all aspects of exchange, including regional and other health information exchanges.

Finally, during the planning process, CHHS received stakeholder feedback indicating that there should be a separation between a governance entity and operating entities that build and maintain the HIE. However, this separation does not rule out that centrally operated services could be sponsored by the HIE Governance Entity, either through contracts or more direct oversight and management. Such services could only be sponsored by the HIE Governance Entity if the services are requested and driven by the critical stakeholders: hospitals, physicians, health plans and payers, consumers and other providers. Respondents to this RFI will need to describe how such a separation would either bolster or undermine efforts to support HIE efforts, specifically with respect to the four corners of the framework referenced here.

Responses to the RFI must address how a governance entity would invest up to \$40 million to support these priorities to develop and sustain HIE infrastructure in California.

III. Role of California's HIE Governance Entity

California must align its health information exchange implementation and priorities with the current federal definition of meaningful use to ensure that its eligible Medicare and Medi-Cal providers are able to demonstrate meaningful use and are positioned to receive the maximum incentive reimbursement and avoid future reimbursement penalties. With this as an imperative, immediate priorities have been delineated to support Medicare and Medi-Cal provider. CHHS will work with the HIE Governance Entity to coordinate activities across California and its many stakeholders, including Medi-Cal and State and local public health programs. The Governance Entity's primary responsibilities will, at a minimum, include:

1. Establishing a technical architecture that is vendor-agnostic and leverages California's information technology infrastructure to enable the rapid propagation of information exchange services across the state.
2. Convene a broad array of hospitals, physicians, other providers and other stakeholders to agree to and support a set of shared services.
3. Determine the most efficient way to spend limited funding to support the identified priorities of lab data exchange, pharmacy / Rx history, continuity of care, and public health, and other priorities as identified by the institutions engaged in health information exchange.

4. Perpetuate and support HIE services beyond stimulus funding.

These responsibilities must also support the priorities described in the State HIE Cooperative Agreement Program announced by ONC on August 20. In that announcement, ONC expects States to use their authority, programs, and resources to:

- Develop state level directories and enable technical services for HIE within and across states.
- Remove barriers and create enablers for HIE, particularly those related to interoperability across laboratories, hospitals, clinician offices, health plans and other health information trading partners.
- Convene health care stakeholders to ensure trust and support for a statewide approach to HIE.
- Ensure that an effective model for HIE governance and accountability is in place.
- Coordinate an integrated approach with Medicaid and state public health programs to enable information exchange and support monitoring of provider participation in HIE as required for Medicaid meaningful use incentives.
- Develop or update privacy and security requirements for HIE within and across state borders.

In addition, states may choose to enter into multi-state arrangements. States submitting multi-state applications will be evaluated at both the multi-state and individual state level; the multi-state plan will be evaluated as a whole, but state plans must be sufficient at the individual state level as well. For multi-State applications, one state or SDE must act as the responsible fiscal agent.

Additional areas of responsibility can be found in Section VI. HIE Governance Entity Proposed Areas of Responsibility. Specific organizational requirements can be found in Exhibit A.

The Secretary of CHHS may also convene an Advisory Committee to advise the work of the HIE Governance Entity. The HIE Governance Entity will work cooperatively with any such Committee and other State of California sponsored committees, Boards, Departments and Agencies in the conduct of all activities.

IV. RFI Response Format and Content

This section articulates the RFI Response format and content. CHHS encourages respondents to be thorough, thoughtful and succinct. Response Sections 2 and 3 are expected to be in a detailed narrative. Narratives must be in 12 point font and limited to 10 pages or less for both Sections.

The 10 page limit does not apply to the Cover Letter, Interim Financing, Organizational Requirements Matrix, Biographies and Letters of Support. Please do not include any other attachments.

Submission and Timeline

Proposals must be submitted electronically to hie@chhs.ca.gov no later than **5pm PDT, Thursday September 10, 2009**. Responses will be reviewed against the criteria defined in this RFI by a selection committee comprised of State employees. The selection committee will evaluate and score each proposal separately. Selection committee consensus scores will be made public and are not subject to appeal or protest. CHHS will respond to RFI applicants no later than Tuesday September 29, 2009.

The response must be presented in the following sections and in the following order:

1. Cover letter

Signed by an individual legally authorized to bind the organization

2. Governance entity approach and plan

Each response must lay out a plan for meeting the Federal and State requirements. Assuming California or its designee applies for and receives up to \$40 million in federal funding to support HIE adoption, respondents should detail their plans and approach regarding how they intend to work with California and CHHS to:

- Establish a technical architecture and standards.
- Establish privacy and security standards and enforcement.
- Define the set of state-level shared services and repositories for California.
- Rollout services and propagating throughout California.
- Achieve sustainability in order to perpetuate and support the HIE infrastructure beyond the potential \$40M in federal funding.
- Analysis of whether the state should pursue a multi-state approach and why

The respondents' plans should be specific and succinct. Responses must specifically outline the following for each of the items above:

- The role of the governance entity and the staffing model of the organization.
- How dollars will be spent by the governance entity for its own operations as well as for dispersed funds for HIE services.
- Timeframes for all activities.
- How existing investments and existing HIE activity will be leveraged.
- How the approach will achieve trust, participation, buy-in and, ultimately, adoption among stakeholders.

3. Separation of governance from operations

CHHS received strong stakeholder feedback during the planning process that stated that there needs to be a separation of governance from operations in the governance entity. However, this separation does not rule out centrally operated services. Respondents are asked to respond to the following:

- How does the separation of governance from operations impact the components of the respondents plan and approach above? Specifically comment on the impacts to stakeholder buy-in and trust as well as costs.
- Given the separation of governance from operations, what is the governance entity's role in providing state-level services?
- What process would be used to determine if and when it might be appropriate for the HIE Governance Entity to initiate the provision of some services?

4. Interim Financing

Please provide a chart that clarifies the financial needs of the organization, including salaries and benefits, contract costs (and types of contracts anticipated), rent and other facilities costs, travel, other expenses.

5. Organizational requirements matrix

Exhibit A provides other specific requirements of the Governance Entity, and asks you to describe how your organization currently meets these requirements and, where there are gaps, how you propose to meet the requirements. The overall timeline for achieving electronic health record meaningful use for eligible providers is very short. The State must work expeditiously to do its part to maximize the potential reimbursement for which providers are eligible. As a result, we have determined that the HIE Governance Entity should meet all of the established requirements by March 31, 2010. Please note that it is not necessary that the respondent currently meet all of the requirements in order to submit a response to this RFI. In developing the response, emphasis should be placed on clearly articulating a feasible plan to meet the requirements.

Respondents must complete Exhibit A and include it as the response. Description of how the current organization meets the Requirements, gaps identified between the current organization and the Requirements and the plan to bring the organization into compliance with each Requirement.

Exhibit A below contains four columns.

Requirement: This column contains the specific requirement that must be met by March 2010.

Current Organization: In this column, describe how and to what extent your current organization meets the requirement.

Identified Gaps: In this column, describe the gap between the current organization and the requirement. Describe how the current organization fails to fully meet the requirement.

Strategy to Address the Gap: In this column, describe the proposed strategy to address the identified gaps. This strategy should include estimated resource needs (personnel and financial) and timeline for filling the gap.

6. Biographies

Brief biographies (1-3 pages) of Board members and senior executives (current and proposed to the extent known).

7. Letters of Support

Please provide letters of support from various stakeholder organizations within California. Letters of support should be from different stakeholder types (e.g. hospital or hospital system, provider group, RHIO, consumer group, community health center, etc.). Letters of support should come from more than one region within the state. Safety net organizations should be well represented in the letters of support. An applicant that proposes a multi-state plan should provide letters of support from other states. An applicant that proposes a multi-state plan should provide letters of support from other states.

V. Evaluation

The CHHS will evaluate each organization's proposal individually and assign a score to each section. In assigning scores, the Selection Committee will take into consideration the severity of the gaps (if any) between the current organization and the requirements and the overall feasibility of the proposal to resolve these gaps. CHHS reserves the right to talk with any or all respondents about their response to this RFI as part of the evaluation process. All such discussions will be confidential.

VI. HIE Governance Entity Proposed Areas of Responsibility

Convene	Coordinate	Manage
<ul style="list-style-type: none"> ■ Provide neutral forum for all stakeholders ■ Educate constituents & inform HIE policy deliberations ■ Advocate for statewide HIE ■ Serve as an information resource for local HIE and health IT activities ■ Track/assess national HIE and health IT efforts ■ Facilitate consumer input 	<ul style="list-style-type: none"> ■ Develop and lead plan for implementation of statewide solutions for interoperability. ■ Promote consistency and effectiveness of statewide HIE policies and practices ■ Support integration of HIE efforts with other healthcare goals, objectives, & initiatives ■ Facilitate alignment of statewide, interstate, & national HIE strategies, RECs, Medi-Cal, etc. ■ Coordinate with CalPSAB around privacy and security policies 	<ul style="list-style-type: none"> ■ Issue and manage grants ■ Develop legal analyses ■ Oversee accounting and budgeting ■ Possibly contract for statewide shared services such as master patient index ■ Evaluation and assessment ■ (Multi-state scenario only): manage and support other state HIE programs

Exhibit A

Requirement	Current Organization	Identified Gaps	Strategy to Address Gap
Organizational			
Not-for-profit organization under California law			
Diverse board composition from multiple types of organizations from multiple regions throughout the state			
Board must include: Secretary of CHHS, the Deputy Secretary of HIT, representatives from the Senate and the Assembly and others as deemed necessary by the Secretary of CHHS as voting members of the HIE Governance Entity			
Experienced and qualified executive management team and staff, who act under the direction of the Organization's Board of Directors to address privacy and security, technical approach and health IT adoption			
Adequate workgroups and subcommittees to reasonably accomplish State HIT/HIE goals			

Requirement	Current Organization	Identified Gaps	Strategy to Address Gap
Demonstration that one of its principle goals is to use information technology to improve health care quality and efficiency through the authorized and secure electronic exchange and use of health information			
Commitment to protect the public's interests and ensure accountability of HIEs in the state			
Nondiscrimination and conflict of interest policies that demonstrate a commitment to open, fair and nondiscriminatory participation by stakeholders			
Does not directly operate a HIE or have any financial stake in a HIE or HIE vendor			
Articles of Incorporation and Bylaws that clearly describe who the members are, how members are selected, and the powers that members will have			
Appropriate insurance			

Requirement	Current Organization	Identified Gaps	Strategy to Address Gap
Trusted, independent voice that can reflect a diverse array of interests and perspectives on key policies and standards			
Ability to convene and facilitate multiple collaborative, workgroups in an open, public and transparent way that are represented by institutions and individuals from all regions of California (and if multi-state, other states and their constituents). Demonstrated expertise in the following workgroup functions would include but not be limited to: <ul style="list-style-type: none"> • Health Outcomes • Privacy and Security • Technical Approach • Sustainability • Health IT Adoption 			
Experience with outreach and advocacy, specifically the advocacy of HIE			
Support the development and promulgation of statewide HIE policies			

Requirement	Current Organization	Identified Gaps	Strategy to Address Gap
Health Outcomes			
Support federal requirements and goals described in Section 3013 of the Health Information Technology for Economic and Clinical Health Act' (HITECH)			
Ensure that California's 2010 and 2020 health outcome goals and appropriate regional health outcomes goals and priorities are supported by HIE activities			
Privacy and Security			
Coordinate with CalPSAB to define privacy and security policy and guidance			
Ability to monitor implementation of California's privacy and security policy and guidance and, work with appropriate State agencies to enforce them			
Demonstrated knowledge and experience of existing privacy and security issues			
Technical			
Ability to track, assess and align			

Requirement	Current Organization	Identified Gaps	Strategy to Address Gap
California HIE and HIT efforts with national HIE and health IT efforts and standards. Support, promulgate, and where necessary develop interoperability standards			
Technical expertise on staff with the ability to manage complex technology policies and practices			
Ability to define, prioritize, select, leverage and manage shared health IT services across a wide range of stakeholders			
Management			
Demonstrated ability to acquire and train appropriate resources			
Experience in managing contracts for various types of services including: <input type="checkbox"/> Technology <input type="checkbox"/> Legal <input type="checkbox"/> Administrative <input type="checkbox"/> Professional			
Have a plan to coordinate and collaborate with other critical California health IT efforts, including, but not limited to:			

Requirement	Current Organization	Identified Gaps	Strategy to Address Gap
5. Medi-Cal 6. Public health 7. Regional extension centers 8. Workforce initiatives 9. Broadband and telehealth			
Implement a dispute resolution mechanism to adequately and appropriately reconcile divergent opinions and perspectives			
Multi-state proposals should define commitments to working with other states and describe the advantages that a multi-state approach would confer to California			
Evaluation and Assessment			
Evaluation and assessment experience in complex programmatic and fiscal environments focused on health improvement.			
Develop evaluation and accountability measures and framework for HIE implementation and health IT initiatives including: <ul style="list-style-type: none"> Assessment of quality 			

Requirement	Current Organization	Identified Gaps	Strategy to Address Gap
<p>improvement benefits created through HIE efforts within the state</p> <ul style="list-style-type: none"> Tracking and reporting progress of HIE and relevant Health IT initiatives <p>Tracking, assessing, validating and reporting stakeholder activities and progress</p>			
Financial			
Experience in development and administration of grant-making processes consistent with state and Federal Guidelines, including experience managing large Federal grants			
Proven experience with raising funds from multiple sources – both public and private			
Robust administrative and financial processes, including adherence to GAAP and all federal and state laws			
A plan for supporting ongoing operations and oversight without public resources or funding			